

State Program Standing Committee
Child, Adolescent, and Family Unit
Division of Mental Health
Department of Health
Agency of Human Services

Minutes of March 27, 2005 Meeting
108 Cherry Street, Burlington

Present: Amy Churchill, Karen Mehrstens, Carl Theodore

Absent: Carla Brisson, Kathy Holsopple, Zachary Hughes, Robin Yandell

Guests: Charlie Biss, Alice Maynard

I. Updates

- A. Members offered condolences to Amy on the unexpected death of her close friend and fellow advocate, Rose. It is clear that Rose will be truly missed.
- B. February minutes tabled due to lack of quorum
- C. Committee membership: Still looking for candidates for 2005 and 2006 appointments who do not live in either Chittenden or Washington Counties.
- D. Transformation grant work group: tabled until Zachary can present.
- E. Transition:
 - Charlie reported that H.618 is proceeding and we should follow its progress. It currently calls for a summer study.
 - DCF has a workgroup with a focus on youth in custody.
 - Amy has been pursuing information on the JOB Corp. She has found that it takes many youth with disabilities.

II. Standing Updates

- A. Global commitment: Charlie stated that the New Agency Team has asked to start exploring potential new strategies and looking into possible policy implications. They are waiting to hear back on their request. Kathy Holsopple is on the team.
- B. Transportation: Children's mental health is still using the new procedures and checklist. Latest numbers include the following:
 - 20 transports:
 - 13 by sheriff, determined to need secure transport; all 14-18 years old
 - 4 by ambulance
 - 3 by mental worker or parentWork on adult mental health transportation has begun.

III. Designation

- A. NKHS: After review and discussion, it was decided to recommend that NKHS be re-designated with an action plan required on accessibility.
- B. Alice will re-send everyone a copy of the designation schedule.

IV. Program Review

Members who participated in the site visit at the Clara Martin Center noted points of particular interest.

- The region is large with a small population and a small staff for the agency; geography is a challenge for accessing services. Outreach services are particularly helpful.

- The agency has an arrangement with WCMH to take emergency calls at night and on weekends. If that worker determines a face to face session is warranted, s/he calls the CMC worker on call. This system seems to be working well as communication between the two staffs is carefully attended.
- The center is proud that it is the first designated agency to have all its staff trained in co-occurring issues (mental health and alcohol/substance abuse).
- Staff raised two issues: turnover and low salaries.
- The center has provided quite a bit of consultation during various community crises (e.g., death). These services are not reimbursable, and it is difficult to absorb the cost.
- The respite program had experienced some difficult times, with only a few respite providers, who were older and not able to keep up with young children and who were not evenly distributed across the region. The agency has hired a new Respite Coordinator, who has been working hard to improve the program.

Karen will participate in the Baird site visit on May 15.

V. Hot Topics

- A. ADHD medications are getting increased publicity around potential serious side effects and abuse as “recreational” drugs. This has apparently caused a decline in their prescription by doctors with limited expertise around mental health medications.
- B. Desire for increased discussion about trauma. The Brattleboro Retreat is now clear that seclusion and restraint are not good for youth with trauma history and that they need to assume such a history for all youth who are admitted. Desire expressed for CVPH to adopt a similar approach.